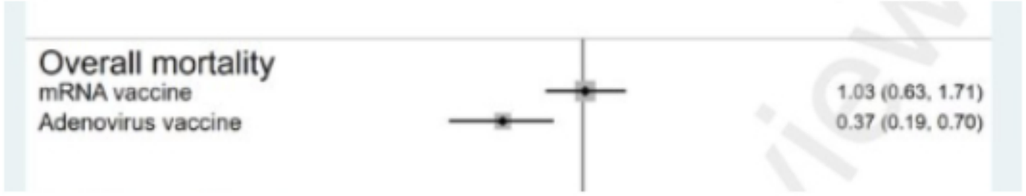
1. He is incorrect that "no conclusion can be drawn about overall mortality without additional analysis". That is wrong. One can ask whether the adenovirus vaxes had a statistically significant all-cause mortality benefit, and the answer is yes – one can reject the null of zero effect at conventional levels. One can also ask whether the mRNA vaxes had a statistically significant all-cause mortality benefit, and the answer is no. The latter fact does not mean that the mRNA vax increases all-cause mortality – we'd need a larger trial to check that. And you can't conclude from these two facts that the mRNA vax had a statistically meaningful difference in effect from the adenovirus vax. For that you'd need a head to head trial. But what you can conclude is enough – if what you care about is all cause mortality – that the balance of evidence points to recommending the adenovirus vaccines.



2. He is wrong that the difference in follow up times for the trials generates the results in the paper. He says "If you follow people for longer more people will die of more causes, by chance. If you look at one group followed over a longer period, vs another in a shorter period, you can't interpret mortality differences b/w those groups". But this is nonsense because he doesn't seem to understand that the comparison in each trial is against a placebo control. If the mRNA vaccines really did reduce all cause mortality, extending the trial longer would not "by chance" lead to a null finding. The same incorrect reasoning could be applied to covid mortality. Stabell-Benn are careful about this point in their statistical work.

3. He is wrong in his assertion that differences in the ages of the trial participants between the adenovirus trials and the mRNA trials biases the estimates in favor of the adenovirus vaccines. If anything, since covid mortality is so much lower among the younger population than among the older population – if the vaccines really have few side-effects leading to death as advertised – it should be easier to find a mortality benefit if the study population is older since the benefit from reducing covid mortality would outweigh the side-effect harms.